

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | MICROSCOPE | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|-----------------|--|--------------------------------------|-------------|--------------------|-------------------|-----|------|----|---|------------------------|--|------|----|---|--|--|--|--|--------------------------------------|
| Application Number : | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Manfred Gilbert | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | LWEP125US | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 770 | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table> | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 770 | 770 | | | | Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 770 | 770 | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 19</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 19 | 0 | 1202 | 18 | 0 | Independent Claims : 1 | 0 | 1201 | 86 | 0 | | | | | Subtotal For Extra Claims Fees: \$ 0 |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Total Claims : 19 | 0 | 1202 | 18 | 0 | | | | | | | | | | | | | | | | | |
| Independent Claims : 1 | 0 | 1201 | 86 | 0 | | | | | | | | | | | | | | | | | |
| | | | | Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 1790 | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2005-01-31 | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | Robert P. Simpson | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 14221 | | | | | | | | | | | | | | | | | | | | |